

Peer Advisor Recommendation Form

Academic Advising and Planning Center

Return via campus mail or in person

to AAPC, 247 Lightsey Center, ATTN: Tradd L. Tobin OR by Email at tobintl@cofc.edu

Due: Friday, October 27th, 2023 by 5:00 p.m.

Applicant Name: _____

Name of Reference: _____

Organization: _____

Phone Number: _____

Relationship to Applicant*: _____

Please complete the below chart. If you prefer, you may attach a separate letter of reference.

Please use this scale to rate the applicant:

5=Superior 4=Above Average 3=Average 2=Below Average 1=Poor Performance UA=Unable to Assess

	Rating:	Comments, Examples:
Communication Skills		
Ability to work with others		
Maturity and sense of responsibility		
Ability to take initiative		
Works independently		
Receives constructive feedback		
Time management skills		

Additional information: _____

Recommender's Signature: _____

Date: _____

**Please note: Two recommendations are required as part of the Peer Advisor application process. One must be from a faculty member and one must be from a former employer, volunteer coordinator, or an individual who has had significant interaction with the applicant. Recommendations from a fellow student are not permitted.*

For more information about the Peer Advisor position in the Academic Advising and Planning Center at the College of Charleston, visit: <http://advising.cofc.edu/about-the-center/peer-advising.php>.